

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

Activity/Goal	Objective	Data Source	Responsibility	Target / Date	Completion Date
Improve Access to Care/ Appointment Availability	To monitor and improve availability for emergency, routine assessments, & routine appointments (medication and other).				
	<p>Finalize a system (referral logs and CIS) that provides consistent and accurate recording of appointment availability data for emergency services and routine assessments</p> <p>Appointments are available to individuals referred for/requesting services within the contractually required timelines:</p> <p>Emergency services are available within 24 hours of referral Minimum performance standard: 85% Goal: 90% Benchmark: 95%</p>	<p>RBHA/Provider referral logs/CIS Demographic and Encounter Data</p> <p>RBHA/Provider referral logs</p>	Bureau of Quality Management, Clinical Bureaus Subcontracted RBHAs and their providers QM/UM Committee Clinical Coordinators Committee, Stakeholder Committees / Teams	<p>October 01, 2003</p> <p>June 30, 2004</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Improve Access to Care/ Appointment Availability (continued)	Routine assessment appointments are available within 7 days of referral Minimum performance standard: 85% Goal: 90% Benchmark: 95%	RBHA/Provider referral logs		June 30, 2004	
	Routine appointments are available within 23 days of assessment Minimum performance standard: 85% Goal: 90% Benchmark: 95%	CIS		June 30, 2004	
	Work with RBHAs in targeting areas in need of improvement and development of activities directed at performance improvement			Quarterly and Ongoing	
	Continue the Quality Improvement Project (QIP) addressing: Access to Care: Appointment Availability for Routine Assessment	RBHA/Provider referral logs		Dr. Ray Lederman, Chair QIP Team	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
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Improve Access to Care/ Appointment Availability (continued)	Workgroup Milestones:  1) Review and analyze baseline data  2) Identify interventions for the upcoming year  3) Complete an interim report including findings from data analysis and planned interventions  4) Implement planned interventions  5) Review data collected against baseline data, identify and make changes in intervention if needed	RBHA/Provider referral logs		October 01, 2003  December 01, 2003  December 15, 2003  March 01, 2004  September 30, 2004	
Improve coordination of care with acute contractors/ PCPs	Continue a strategic initiative within the Division's Strategic Plan: <i>Integration/Coordination of service delivery with AHCCCS health plans</i> [Please see the Strategic Plan for milestones, timelines and other details]	ADHS/DBHS Strategic Plan	Strategic initiative workgroup	October 01, 2003 and ongoing	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
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October 01, 2003 – September 30, 2004**

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Improve coordination of care with acute contractors/ PCPs (continued)	The disposition of the referral is communicated to the PCP/Health Plan, within 30 days of receiving the request for service. Minimum Performance Standard: 60% Goal: 75% Benchmark: 90%	ICR	Bureau of Quality Management	June 30, 2004	
	Behavioral health service providers communicate with and attempt to coordinate care with the member's acute health plan's PCP in compliance with AHCCCS contract requirements. Minimum Performance Standard: 60% Goal: 75% Benchmark: 90%	ICR		June 30, 2004	
	Review and approve RBHA performance improvement plans addressing PCP coordination.			October 01, 2003	
	Track RBHA improvement plans for increased % and provide feedback, direction as needed.			January 30, 2004 and quarterly thereafter	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Improve sufficiency of assessments	Continue a strategic initiative within the Division's Strategic Plan: <i>Develop and adjust the requirements for the assessment process and assigned clinician role to maximize use of clinical resources.</i> [Please see the Strategic Plan for milestones, timelines and other details]	ADHS/DBHS Strategic Plan	Strategic initiative workgroup	October 01, 2003	
	Assessments are sufficiently comprehensive for the development of functional treatment recommendations Minimum Performance Standard: 85% Goal: 90% Benchmark: 95%	ICR	Bureau of Quality Management	June 30, 2004	
	Review and approve RBHA performance improvement plans addressing PCP coordination.	RBHA Performance Improvement Plans	Clinical Coordinators Committee, QM/UM Committee, Network Analysis Team, Network Development Team	October 01, 2003	
	Track RBHA improvement plans for increased % and provide feedback, direction as needed.			January 30, 2004 and quarterly thereafter	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
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Improve member/family involvement in the treatment planning process	Continue a strategic initiative within the Division's Strategic Plan: <i>Continue to implement the principles and practice in accordance with the Jason K Agreement</i> [Please see the Strategic Plan for milestones, time lines and other details]	ADHS/DBHS Strategic Plan	Strategic initiative workgroup	October 01, 2003	
	Staff actively engage members/families in the treatment planning process Minimum Performance Standard: 85% Goal: 90% Benchmark: 95%	ICR	Bureau of Quality Management	June 30, 2004	
	Review and approve RBHA performance improvement plans addressing PCP coordination.	RBHA Performance Improvement Plan	Clinical Coordinators Committee, QM/UM Committee, Network Analysis Team, Network Development Team	October 01, 2003	
	Track RBHA improvement plans for increased % and provide feedback, direction as needed.			January 30, 2004 and quarterly thereafter	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Improve assessment of members'/families' cultural preferences and inclusion of such in treatment planning	Members'/families' cultural preferences are assessed and included in the development of treatment plans Minimum Performance Standard: 70% Goal: 80% Benchmark: 95%	ICR	Bureau of Quality Management	June 30, 2004	
	Review and approve RBHA performance improvement plans addressing PCP coordination.	RBHA Performance Improvement Plan	Clinical Coordinators Committee, QM/UM Committee, Network Analysis Team, Network Development Team	October 01, 2003	
	Track RBHA improvement plans for increased % and provide feedback, direction as needed.			January 30, 2004 and quarterly thereafter	
Improve delivery of appropriate services	The types and intensity of services, including case management, are provided based on the member's assessment and treatment recommendations Minimum Performance: 85% Goal: 90% Benchmark: 95%	ICR	Bureau of Quality Management	June 30, 2004	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Improve delivery of appropriate services (continued)	Review and approve RBHA performance improvement plans addressing PCP coordination.  Track RBHA improvement plans for increased % and provide feedback, direction as needed.	RBHA Performance Improvement Plan	Clinical Coordinators Committee, QM/UM Committee, Network Analysis Team, Network Development Team	October 01, 2003  January 30, 2004 and quarterly thereafter	
Improve informed consent for psychotropic medication prescription	Members and/or parents/guardians are informed about and give consent for prescribed medications Minimum Performance: 85% Goal: 90% Benchmark: 95%  Review and approve RBHA performance improvement plans addressing PCP coordination.  Track RBHA improvement plans for increased % and provide feedback, direction	Workgroup Milestones continued:  RBHA Performance Improvement Plan	Bureau of Quality Management, Office of the Medical Director, Clinical Bureaus and Bureau for Consumer Rights Subcontracted RBHAs and their providers  Clinical Coordinators Committee, QM/UM Committee, Network Analysis Team, Network Development Team	June 30, 2004  October 01, 2003  January 30, 2004 and quarterly	



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Improve informed consent for psychotropic medication prescription (continued)	<p>as needed.</p> <p>Continue a Quality Improvement Project (QIP) addressing: <i>Medication Management: Informed Consent for Psychotropic Medication Prescription</i> Workgroup Milestones:</p> <ol style="list-style-type: none"> <li>1) Review and analyze data from the ICR as referenced above</li> <li>2) Identify interventions to improve informed consent for psychotropic medication prescription</li> <li>3) Complete an interim report including findings from data analysis and planned interventions</li> <li>4) Implement planned interventions</li> <li>5) Review data collected against baseline data, identify and make changes in intervention if needed</li> </ol>	ICR	Dr. Jerry Dennis, Chair QIP Team	<p>thereafter</p> <p>October 01, 2003</p> <p>October 01, 2003</p> <p>December 01, 2003</p> <p>December 15, 2003</p> <p>March 01, 2004</p> <p>October 01, 2003 and ongoing</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Improve Quality Clinical Outcomes	There is evidence of positive clinical outcomes for members receiving behavioral health services	ICR	Bureau of Quality Management	June 30, 2004	
	Review and approve RBHA performance improvement plans addressing PCP coordination.	RBHA Performance Improvement Plan	Clinical Coordinators Committee, QM/UM Committee, Network Analysis Team, Network Development Team	October 01, 2003	
	Track RBHA improvement plans for increased % and provide feedback, direction as needed.			January 30, 2004 and quarterly thereafter	
Reduction in utilization of Seclusion & Restraint	<p>Workgroup milestones:</p> <p>The existing workgroup will continue to analyze the data and identify barriers and target areas</p> <p>Complete the second report including interventions taken and planned activities.</p> <p>[Please refer to the QIP interim report for further details and milestones]</p>	Provider S & R reports	Dr. Jerry Dennis, Chair QIP workgroup	<p>October 01, 2003</p> <p>December 15, 2003</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Increase the percentage of non-emergency follow-up services provided with 7 & 30 days after discharge from inpatient acute/subacute and RTC treatment	<p>Workgroup milestones: The existing workgroup will continue to analyze the data and identify barriers and target areas</p> <p>Complete the second report including planned interventions taken and planned activities.</p> <p>[Please refer to the QIP interim report for further details and milestones]</p>	CIS Data, inpatient utilization files from RBHAs	Joan Grey, Chair QIP workgroup	<p>October 01, 2003</p> <p>December 15, 2003</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Identification of underutilization and overutilization of covered services, including case management	Continue quarterly utilization reports for case management by GSA, service code, units and dollars	CIS	Bureau of Quality Management, QM/UM Committee	October 01, 2003 and ongoing	
	Continue quarterly utilization reports for covered service category and subcategory			October 01, 2003 and ongoing	
	Disseminate reports to Division staff on a quarterly basis			November 01, 2003 and ongoing	
	Identify underutilization/overutilization of services		Utilization Management. Manager, Clinical Coordinators Committee, Network Analysis Team	December 2003 and ongoing	
	Use findings from utilization data analysis in decision making and actions taken by the Division			December 31, 2003	
	Discuss with subcontractors on a quarterly basis		Stakeholder Committees /Team	January 01, 2004	

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DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Use key indicators to inform the Division and develop actions taken and planned	Key indicators report disseminated to RBHA teams and RBHAs quarterly.		Bureau of Quality Management	October 01, 2003 and ongoing	
	Key Indicator report is used by Division staff to inform decision-making and actions taken and planned by the Division / RBHA / Providers		Clinical Coordinators Committee, Network Analysis and Development Team	October 01, 2003 and ongoing	
Ensure network sufficiency	Train RBHAs/stakeholders on the ADHS logic model.	Network listing	Clinical Coordinators Committee, Network Analysis Team, Network Development Team	November 01, 2003	
	Review the logic model developed by ADHS used in the data analysis process	Utilization data, problem resolution, grievance/appeal data, etc. . .		October 01, 2003	
	Utilize the logic model with existing data sources to determine network capacity and adequacy			April 30, 2004 and ongoing	
	Utilize findings from the analysis in developing plans to improve RBHA network sufficiency			April 30, 2004 and ongoing	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Use various consumer input to inform the Division of areas in need of improvement and enable development of action plans	<p>Analysis of data to identify trends and correlations across data sources in order to determine actions that need to be taken.</p> <p>Based on findings from the analysis, take actions as needed.</p>	Incident/accident Trends, Grievance/Appeals, Mortality & Morbidity data, and Problem Resolution data	Bureau of Quality Management, Office of the Medical Director, Clinical Bureaus and Bureau for Consumer Rights	<p>Quarterly reports to the QM/UM Committee October 01, 2003, then ongoing</p> <p>October 01, 2003 and ongoing</p>	
Review morbidity and mortalities	<p>Review adult SMI mortality cases and determine if corrective actions are required of RBHAs/providers</p> <p>Review mortality and morbidity findings for trends and determine if corrective action plans are required of RBHAs/providers</p> <p>Utilize trends in mortality and morbidity findings along with other data sources to inform the Division for decision making / improvement activities</p>	RBHA/provider Incident / Accident Reports, mortality reports, addendums and autopsy reports	Bureau of Quality Management, Office of the Medical Director, Clinical Bureaus and Bureau for Consumer Rights, QM/UM Committee	<p>October 01, 2003</p> <p>October 01, 2003 and ongoing</p> <p>October 01, 2003 and ongoing</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Complete the quarterly Showing Report	Provide attestation of compliance with certification and recertification of need requirements to the federal government.	RBHA Showing Reports	Office of the Deputy Director, Bureau of Quality Management and Office of the Medical Director	October 01, 2003 /quarterly, by the 15 <sup>th</sup> of the month following the quarter	
	Review data submitted by RBHAs for timely, complete and accurate data	CIS		October 01, 2003	
	Provide technical assistance to RBHAs that do not provide timely, complete and accurate data			October 2003 and ongoing	

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Quality Management / Utilization Management Work Plan  
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Conduct a Member Survey that captures member perception and informs the Division of both system strengths and areas in need of improvement	<p>Submit the complete survey to AHCCCS</p> <p>Use member input to target improvement areas and select methods of improvement and incorporate into overall RBHA performance improvement activities</p>		Bureau of Quality Management, QM/UM Committee, Clinical Coordinators Committee, Stakeholder Committees / Teams	<p>October 31, 2003</p> <p>December 31, 2003</p>	
Develop an Independent Case Review (ICR) Process that will be used to monitor various aspects of RBHA/Provider performance and inform the Division of areas in need of improvement	<p>Secure an independent firm to conduct the ICR process</p> <p>Develop the ICR tool, instruction, scoring guide and sample methodology</p> <p>Submit the ICR to AHCCCS</p> <p>Disseminate the ICR to stakeholders</p> <p>Finalize the corrective action plan</p>		<p>Bureau of Quality Management, Clinical Bureaus, Office of the Medical Director</p> <p>Stakeholder Committees / Teams</p> <p>QM/UM Committee, Clinical Coordinators Committee, RBHAs</p>	<p>October 01, 2003</p> <p>November 01, 2003</p> <p>June 30, 2004</p> <p>July 01, 2004</p> <p>September 15, 2004</p>	



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Develop the Annual Administrative Review Process used to monitor T/RBHAs	<p>Develop a tool that includes sections / standards from across the Division along with a schedule of T/RBHA site visits</p> <p>Submit the proposed document and process to AHCCCS for review approval prior to implementation</p> <p>Train Division and T/RBHA staff on the process</p> <p>Conduct T/RBHA site visits</p> <p>Complete reports to T/RBHAs</p> <p>Review T/RBHA corrective action</p> <p>Monitor corrective action plans</p>	Annual Administrative Review	Compliance Division, Core Management Team, representatives from all functional areas of the Division	<p>June 30, 2004</p> <p>July 01, 2004</p> <p>September 01, 2004</p> <p>October 31, 2004</p> <p>December 01, 2004</p> <p>January 30, 2005</p> <p>March 01, 2005, and ongoing</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Review contractor provider monitoring activities as approved by ADHS	Review schedules, results of site visits, recommendations and corrective action plans (if indicated)	Administrative Review	Bureau of Quality Management and Evaluation	October 31, 2004	
	Determine if provider monitoring is adequate and achieving systems' improvement			December 01, 2004	
	If deemed not adequate, contractor to develop a corrective action plan		T/RBHAs	January 30, 2005	
Ensure member rights and responsibilities are communicated	<p>Develop template for T/RBHA member handbook and provide technical assistance if needed</p> <p>Division's Strategic Plan: <i>Assist consumers in understanding, exercising and protecting their rights.</i> [Please see the Strategic Plan for milestones, timelines and other details]</p>	T/RBHA Member Handbooks	Policy Office, Clinical areas	October 01, 2003	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Ensure medical records and communication meet provider manual requirements	RBHAs will use a Case Review tool to monitor subcontractor performance involving medical records requirements	RBHA Provider Monitoring	RBHAs	January 30, 2004	
	Provide training and technical assistance if not effective, require improvement activities		RBHAs	March 01, 2004	
Ensure adequate Credentialing & Recredentialing	<p>Review T/RBHA credentialing / recredentialing activities and determine if adequate</p> <p>If indicated, T/RBHAs submit a corrective action plan</p> <p>Review and approve the corrective action plan and follow</p> <p>Division's Strategic Plan: <i>Develop and implement consolidated standards for credentialing of clinicians.</i> [Please see the Strategic Plan for milestones, timelines and other details]</p>	Annual Administrative Review	Bureau of Quality Management and Evaluation	<p>December 30, 2003</p> <p>January 15, 2004</p> <p>January 30, 2004 and ongoing</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Ensure RBHAs prior authorization and concurrent review processes meet federal, AHCCCS and state requirements	<p>Monitor contractor prior authorization and concurrent review processes</p> <p>If problems are identified, contractors will complete a corrective action plan</p> <p>Review and approve the contractor's corrective action plan and follow</p>	Annual Administrative Review	Bureau of Quality Management and Evaluation	<p>December 30, 2003</p> <p>January 15, 2004</p> <p>January 30, 2004 and ongoing</p>	
Ensure adequate discharge planning and referral management	<p>Review T/RBHA discharge planning and referral management processes</p> <p>If problems are identified, contractors will complete a corrective action plan</p> <p>Review and approve the contractor's corrective action plan and follow</p>	Annual Administrative Review	Clinical Bureaus	<p>December 30, 2003</p> <p>January 15, 2004</p> <p>January 30, 2004 and ongoing</p>	
Ensure claims and encounters submitted by contractors are accurate and timely	<p>Review daily, weekly and monthly claims and encounter submissions</p> <p>If problems are identified, provide training and technical assistance</p>	Contractor submitted claims and encounters	Office of Program Support, ITS, Contractor meetings	<p>October 01, 2003 and ongoing</p> <p>October 01, 2003 and ongoing</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Review drug utilization patterns to determine adequacy and evaluate new medial technologies	<p>Review contractor psychotropic drug utilization studies to identify outliers and any action that ADHS/contractors need to take</p> <p>Monitor contractors to ensure that new and approved psychotropic medications are reasonability available for consumer use</p> <p>If improvement activities are indicated, work with contracts to develop an action plan</p>	Contractor drug utilization studies	Office of the Medical Director, Pharmacy and Therapeutics Committee, QM/UM Committee	<p>June 30, 2004</p> <p>July 30, 2004</p> <p>September 30, 2004</p>	
Monitor contractors to assure that new clinical practice guidelines encouraged by the Division are disseminated for use as a reference for contractors	<p>Monitor contractor training and other records to assure that contractors have disseminated Clinical Practice Guidelines and other clinical documents</p> <p>If improvement activities are indicated, work with contracts to develop an action plan</p>	Annual Administrative Review	QM/UM Committee, Clinical Bureaus	<p>December 30, 2003</p> <p>January 30, 2004</p>	

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Quality Management / Utilization Management Work Plan  
October 01, 2003 – September 30, 2004**

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Review T/RBHA QM/UM Plans	Review T/RBHA QM/UM Plans to ensure compliance with AHCCCS & ADHS contract requirements and inclusion of ADHS QM/UM activities prior to implementation	T/RBHA QM/UM Plans	Bureau of Quality Management and Evaluation	January 30, 2004	
Preparation of the Annual QM/UM Plan and Evaluation	<p>Review QM/UM scope, structure and overall program and identify needed changes</p> <p>Review the QM/UM workplan and identify items that need to be continued into the next plan year</p> <p>Identify new areas to be incorporated into the new workplan</p> <p>Submit the revised QM/UM Plan and workplan to AHCCCS and disseminate to stakeholders</p>	QM/UM activities, deliverables	Bureau of Quality Management, QM/UM Committee, Core Management Team	<p>August 31, 2004</p> <p>September 15, 2004</p> <p>September 20, 2004</p> <p>October 01, 2004</p>	